


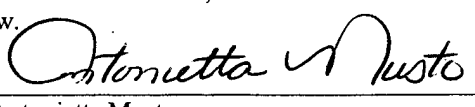
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/783,914
	Filing Date	February 15, 2001
	First Named Inventor	Masao Ikeda
	Group Art Unit	2879
	Examiner Name	Joseph L. Williams
	Attorney Docket Number	09792909-4764
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Transmitted herewith is a Response to September 16, 2003 Office Action.						
<input checked="" type="checkbox"/> The fee has been calculated as shown below:						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	31	-	32	0	<input type="checkbox"/> x \$9.00 <input checked="" type="checkbox"/> x \$18.00	\$0.00
INDEPENDENT CLAIMS	3	-	3	0	<input type="checkbox"/> x \$43.00 <input checked="" type="checkbox"/> x \$86.00	\$0.00
	APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$145.00 <input checked="" type="checkbox"/> x \$290.00 ONE TIME	\$0.00
	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by <u>one</u> month(s) for a fee of \$ _____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321.						
<input type="checkbox"/> The amount of \$ _____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check.						
<input type="checkbox"/> The amount of \$ _____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check.						
<input type="checkbox"/> The enclosed check in the amount of \$ _____ covers the total claim fee and other applicable fees.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the extension fee and any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.						

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
14. <input checked="" type="checkbox"/> Customer No. 26263	
Dated: <u>December 11, 2003</u>	Marina N. Saito, (Registration No. 42,121)

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.	
Dated: <u>December 11, 2003</u>	 Antonietta Musto

Masao Ikeda

Group Art Unit: 2879

Examiner: **Joseph L. Williams**

I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MAIL STOP NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 11, 2003.

Antonietta Musto

MAIL STOP NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO SEPTEMBER 16, 2003 OFFICE ACTION

Dear Sir:

This Amendment is submitted in response to the Office Action mailed September 16, 2003. Applicant respectfully requests amendment of the patent application, and reconsideration and allowance of the pending claims.

RECEIVED

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